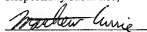


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Attorney Docket Number ASC-066															
<div style="border: 1px solid black; padding: 2px;"> In re Application of Westhoff <i>et al.</i> </div> <div style="border: 1px solid black; padding: 2px;"> Application Serial No. 10/765,372 </div> <div style="border: 1px solid black; padding: 2px;"> Filed: January 27, 2004 </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> Group Art Unit: 2823 Examiner: Lalrinfamkin Hmar Malsawma </div>																	
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above entitled application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10px;"><input checked="" type="checkbox"/></td> <td style="width: 70%;">One month (37 CFR 1.17(a)(1))</td> <td style="width: 20%; text-align: right;">\$ 120.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status under 37 CFR 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$__.</p> <p><input type="checkbox"/> A check including the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the required fee to Deposit Account No. 07-1700. Enclosed is a duplicate of this sheet.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 07-1700.</p> <p><input type="checkbox"/> Return receipt postcard enclosed.</p> <p>I am the <input type="checkbox"/> assignee of record of the entire interest.</p> <p style="margin-left: 100px;"><input type="checkbox"/> applicant.</p> <p style="margin-left: 100px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 100px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p style="margin-left: 100px;">Registration number if acting under 37 CFR 1.34(a). ____.</p>			<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ 120.00	<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$	<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$	<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ 120.00															
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$															
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<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$															
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$															
CORRESPONDENCE ADDRESS Direct all correspondence to: Patent Administrator Goodwin Procter LLP Exchange Place Boston, MA 02109 Tel. No.: (617) 570-1000 Fax No.: (617) 523-1231 Customer No. 051414		SIGNATURE BLOCK <div style="display: flex; justify-content: space-between;"> <div> Date: July 9, 2007 Reg. No. 58,533 Tel. No.: (617) 570-1198 Fax No.: (617) 523-1231 </div> <div style="text-align: right;"> Respectfully submitted,  Matthew T. Currie Agent for Applicants Goodwin Procter LLP Exchange Place Boston, MA 02109 </div> </div>															